

DAILY REPORT OF "TIME OFF" OVERTIME WORKED OR TAKEN OFF (Form CBP-171)

(This daily report is necessary only when overtime is worked or taken off.)

Date: _____

Employee Name:			
My daily work schedule is as follows:	A.M. to	P.M.	
Lunch Period:	to		

Overtime Worked:	Month/Day/Year	From	To	Hours
	TOTAL HOURS FROM ABOVE:			

Overtime Taken:	Month/Day/Year	From	To	Hours
	TOTAL HOURS FROM ABOVE:			

Reason for Overtime Assignment:

This is to certify that the overtime reported above is in addition to my basic eight hour day or 40 hour work week and that no other unreported time was taken off:

<i>Supervisor authorizing overtime*</i>	<i>Employee's Signature</i>

- * The supervisor's signature means that s/he (a) was aware of the need for the overtime before it was worked; (b) assigned the overtime and considered it essential; and (c) concluded that the overtime work performed could not have been performed during regular work periods without impairing the efficiency of the City service.